

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
 (FOR USE WITH FORMS 1-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
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6						
7						
8						
9						
10			1			
11	1		1			
12		1				
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		8	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						